

# Foster Family Home - Corrective Action Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-7

1765 Kalaepaa Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

*Maribel Nakamine, RN*

Compliance Manager

*Orlina Barrientos*

Primary Care Giver

*9/29/2020*

Date

*9/29/2020*

Date